

Fill in this information to identify the case:

Debtor Name Westchester Neurological ConsultantUnited States Bankruptcy Court for the: Southern District of New York ☐Case number: 17-22508☐ Check if this is an amended filing

Official Form 425C

Monthly Operating Report for Small Business Under Chapter 11

12/17

Month: October 2018Date report filed: 11/12/18

MM/DD/YYYY

Line of business: Medical

NAISC code: _____

In accordance with title 28, section 1746, of the United States Code, I declare under penalty of perjury that I have examined the following small business monthly operating report and the accompanying attachments and, to the best of my knowledge, these documents are true, correct, and complete.

Responsible party: Sara SolimanOriginal signature of responsible party /s/ Sara SolimanPrinted name of responsible party Sara Soliman**1. Questionnaire**

Answer all questions on behalf of the debtor for the period covered by this report, unless otherwise indicated.

If you answer No to any of the questions in lines 1-9, attach an explanation and label it Exhibit A.

1. Did the business operate during the entire reporting period?
2. Do you plan to continue to operate the business next month?
3. Have you paid all of your bills on time?
4. Did you pay your employees on time?
5. Have you deposited all the receipts for your business into debtor in possession (DIP) accounts?
6. Have you timely filed your tax returns and paid all of your taxes?
7. Have you timely filed all other required government filings?
8. Are you current on your quarterly fee payments to the U.S. Trustee or Bankruptcy Administrator?
9. Have you timely paid all of your insurance premiums?

Yes No N/A

10/12/18

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If you answer Yes to any of the questions in lines 10-18, attach an explanation and label it Exhibit B.

10. Do you have any bank accounts open other than the DIP accounts?
11. Have you sold any assets other than inventory?
12. Have you sold or transferred any assets or provided services to anyone related to the DIP in any way?
13. Did any insurance company cancel your policy?
14. Did you have any unusual or significant unanticipated expenses?
15. Have you borrowed money from anyone or has anyone made any payments on your behalf?
16. Has anyone made an investment in your business?

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17. Have you paid any bills you owed before you filed bankruptcy? ☐ ☒ ☐

18. Have you allowed any checks to clear the bank that were issued before you filed bankruptcy? ☐ ☒ ☐

2. Summary of Cash Activity for All Accounts

19. Total opening balance of all accounts

This amount must equal what you reported as the cash on hand at the end of the month in the previous month. If this is your first report, report the total cash on hand as of the date of the filing of this case.

\$ 24,634.63

20. Total cash receipts

Attach a listing of all cash received for the month and label it *Exhibit C*. Include all cash received even if you have not deposited it at the bank, collections on receivables, credit card deposits, cash received from other parties, or loans, gifts, or payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit C*.

Report the total from *Exhibit C* here.

\$ 98,130.22

21. Total cash disbursements

Attach a listing of all payments you made in the month and label it *Exhibit D*. List the date paid, payee, purpose, and amount. Include all cash payments, debit card transactions, checks issued even if they have not cleared the bank, outstanding checks issued before the bankruptcy was filed that were allowed to clear this month, and payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit D*.

Report the total from *Exhibit D* here.

- \$ 94,951.27

22. Net cash flow

Subtract line 21 from line 20 and report the result here.

This amount may be different from what you may have calculated as *net profit*.

+ \$ 1,178.95

23. Cash on hand at the end of the month

Add line 22 + line 19. Report the result here.

Report this figure as the *cash on hand at the beginning of the month* on your next operating report.

This amount may not match your bank account balance because you may have outstanding checks that have not cleared the bank or deposits in transit.

= \$ 27,833.58

3. Unpaid Bills

Attach a list of all debts (including taxes) which you have incurred since the date you filed bankruptcy but have not paid. Label it *Exhibit E*. Include the date the debt was incurred, who is owed the money, the purpose of the debt, and when the debt is due. Report the total from *Exhibit E* here.

24. Total payables

(*Exhibit E*)

\$ 0

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4. Money Owed to You

Attach a list of all amounts owed to you by your customers for work you have done or merchandise you have sold. Include amounts owed to you both before, and after you filed bankruptcy. Label it *Exhibit F*. Identify who owes you money, how much is owed, and when payment is due. Report the total from *Exhibit F* here.

25. Total receivables

(Exhibit F)

\$ 250,000

5. Employees

26. What was the number of employees when the case was filed?

27. What is the number of employees as of the date of this monthly report?

4

6. Professional Fees

28. How much have you paid this month in professional fees related to this bankruptcy case?

29. How much have you paid in professional fees related to this bankruptcy case since the case was filed?

30. How much have you paid this month in other professional fees?

31. How much have you paid in total other professional fees since filing the case?

\$ 0
\$ 0
\$ 0
\$ 0

7. Projections

Compare your actual cash receipts and disbursements to what you projected in the previous month. Projected figures in the first month should match those provided at the initial debtor interview, if any.

	Column A		Column B		Column C
	Projected	—	Actual	=	Difference
	Copy lines 35-37 from the previous month's report.		Copy lines 20-22 of this report.		Subtract Column B from Column A.
32. Cash receipts	\$ <u>100,000</u>	—	\$ <u>98,130.22</u>	=	\$ <u>1,869.88</u>
33. Cash disbursements	\$ <u>80,000</u>	—	\$ <u>96,951.27</u>	=	\$ <u>14,951.27</u>
34. Net cash flow	\$ <u>20,000</u>	—	\$ <u>1,178.95</u>	=	\$ <u>18,821.05</u>

35. Total projected cash receipts for the next month:

36. Total projected cash disbursements for the next month:

37. Total projected net cash flow for the next month:

\$ 100,000
— \$ 80,000
= \$ 20,000

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8. Additional Information

If available, check the box to the left and attach copies of the following documents.

- ☐ 38. Bank statements for each open account (redact all but the last 4 digits of account numbers).
- ☐ 39. Bank reconciliation reports for each account.
- ☐ 40. Financial reports such as an income statement (profit & loss) and/or balance sheet.
- ☐ 41. Budget, projection, or forecast reports.
- ☐ 42. Project, job costing, or work-in-progress reports.

Analyzed Business Checking

Account number: **8075415144** ■ October 1, 2018 - October 31, 2018 ■ Page 1 of 4

WELLS
FARGO

WESTCHESTER NEUROLOGICAL
CONSULTANT,PC
DEBTOR IN POSSESSION
CH 11 CASE #17-22508 (SNY)
970 N BROADWAY
YONKERS NY 10701-1309

Questions?

Available by phone 24 hours a day, 7 days a week:
1-800-CALL-WELLS (1-800-225-5935)

Online: wellsfargo.com

Write: Wells Fargo Bank, N.A. (348)
P.O. Box 6995
Portland, OR 97228-6995

Account summary

Analyzed Business Checking

Account number	Beginning balance	Total credits	Total debits	Ending balance
8075415144	\$26,654.63	\$98,130.22	-\$96,951.27	\$27,833.58

Credits

Electronic deposits/bank credits

Effective date	Posted date	Amount	Transaction detail
	10/01	712.69	Desktop Check Deposit
	10/05	673.85	Aetna H09 Hcclaimpmt 1114950136 TRN*1*161002180025764*1066033492\
	10/05	3,480.15	Deposit Made In A Branch/Store
	10/05	60,941.44	Deposit Made In A Branch/Store
	10/09	2,648.34	Desktop Check Deposit
	10/10	122.25	Aetna AS01 Hcclaimpmt 1114950136 TRN*1*818277550005598*1066033492\
	10/11	917.65	Dfec Treas 310 Misc Pay 101118 xxxxx1502 Westchester Neurologic
	10/11	5,139.33	Desktop Check Deposit
	10/15	75.00	Aetna H09 Hcclaimpmt 1114950136 TRN*1*161010180038033*1066033492\
	10/15	6,549.10	Desktop Check Deposit
	10/16	255.16	Deposit Made In A Branch/Store
	10/19	9,087.05	Deposit Made In A Branch/Store
	10/22	50.00	Aetna H09 Hcclaimpmt 1114950136 TRN*1*161017180031443*1066033492\
	10/24	3,414.86	Desktop Check Deposit
	10/25	73.70	Nys Doh Hcclaimpmt 03462659 TRN*1*021300078460635*1141797357~
	10/29	764.14	Desktop Check Deposit
	10/30	17.00	Aetna AS01 Hcclaimpmt 1114950136 TRN*1*818298600006162*1066033492\
	10/30	3,208.51	Desktop Check Deposit
		\$98,130.22	Total electronic deposits/bank credits
		\$98,130.22	Total credits

Account number: 8075415144 ■ October 1, 2018 - October 31, 2018 ■ Page 2 of 4



Debits

Electronic debits/bank debits

Effective date	Posted date	Amount	Transaction detail
	10/01	20.00	< Business to Business ACH Debit - The Hartford Pacerpyrlc 12We Ab2907 12 Wec Ab2907 W/C Premium-
	10/03	255.16	Deposited Item Retn Unpaid - Paper 181003
	10/09	309.70	Bill Pay Metlife- Group Benefits on-Line xxxxxxxx00001 on 10-09
	10/09	2,180.31	Bill Pay Emblemhealth on-Line xxxxx01000 on 10-09
	10/09	7,348.49	American Express ACH Pmt 181009 W2772 Westchester Neurologic
	10/10	12,500.00	Bill Pay Eszak Professional Property, LLC on-Line No Account Number on 10-10
	10/11	54.21	Client Analysis Svc Chrg 181010 Svc Chge 0918 000008075415144
	10/11	246.24	< Business to Business ACH Debit - Payroll Payroll 181011 9406045 Westchester Neurologic
	10/11	302.07	< Business to Business ACH Debit - Payroll Payroll 181011 9406045 Westchester Neurologic
	10/11	690.10	< Business to Business ACH Debit - Payroll Payroll 181011 9406045 Westchester Neurologic
	10/11	844.66	< Business to Business ACH Debit - Payroll Payroll 181011 9406045 Westchester Neurologic
	10/11	906.29	< Business to Business ACH Debit - Payroll Payroll 181011 9406045 Westchester Neurologic
	10/11	1,104.10	< Business to Business ACH Debit - Payroll Payroll 181011 9406045 Westchester Neurologic
	10/11	1,197.80	< Business to Business ACH Debit - Payroll Payroll 181011 9406045 Westchester Neurologic
	10/11	1,227.29	< Business to Business ACH Debit - Payroll Payroll 181011 9406045 Westchester Neurologic
	10/11	1,658.37	< Business to Business ACH Debit - Payroll Tax Oct 11 9406045 Westchester Neurologic
	10/11	2,823.11	< Business to Business ACH Debit - Payroll Payroll 181011 9406045 Westchester Neurologic
	10/11	2,877.41	< Business to Business ACH Debit - Payroll Payroll 181011 9406045 Westchester Neurologic
	10/11	5,820.63	< Business to Business ACH Debit - Payroll Payroll 181011 9406045 Westchester Neurologic
10/01	10/12	255.16	Deposit \$712.69 on 10/01/18 Duplicate Deposited Item - Ref #A-8101201827AZ
	10/12	7,214.56	< Business to Business ACH Debit - IRS Usatxpymt 101218 227868566037824 Westchester Neurologic
	10/15	279.89	< Business to Business ACH Debit - The Hartford Pacerpyrlc 12We Ab2907 12 Wec Ab2907 W/C Premium-
	10/16	63.68	Harland Clarke Check/Acc. 101518 00679047575482 Westchester Neurologic
	10/25	164.78	< Business to Business ACH Debit - Payroll Payroll 181025 9406045 Westchester Neurologic
	10/25	488.20	< Business to Business ACH Debit - Payroll Payroll 181025 9406045 Westchester Neurologic

Account number: 8075415144 ■ October 1, 2018 - October 31, 2018 ■ Page 3 of 4



Electronic debits/bank debits (continued)

Effective date	Posted date	Amount	Transaction detail
	10/25	863.98 <	Business to Business ACH Debit - Payroll Payroll 181025 9406045 Westchester Neurologic
	10/25	896.51 <	Business to Business ACH Debit - Payroll Payroll 181025 9406045 Westchester Neurologic
	10/25	933.54 <	Business to Business ACH Debit - Payroll Payroll 181025 9406045 Westchester Neurologic
	10/25	941.06 <	Business to Business ACH Debit - Payroll Payroll 181025 9406045 Westchester Neurologic
	10/25	1,204.44 <	Business to Business ACH Debit - Payroll Payroll 181025 9406045 Westchester Neurologic
	10/25	1,227.28 <	Business to Business ACH Debit - Payroll Payroll 181025 9406045 Westchester Neurologic
	10/25	1,247.96 <	Business to Business ACH Debit - Payroll Payroll 181025 9406045 Westchester Neurologic
	10/25	1,735.38 <	Business to Business ACH Debit - Payroll Tax Oct 25 9406045 Westchester Neurologic
	10/25	2,823.11 <	Business to Business ACH Debit - Payroll Payroll 181025 9406045 Westchester Neurologic
	10/25	2,877.41 <	Business to Business ACH Debit - Payroll Payroll 181025 9406045 Westchester Neurologic
	10/25	5,907.91 <	Business to Business ACH Debit - Payroll Payroll 181025 9406045 Westchester Neurologic
	10/26	7,307.50 <	Business to Business ACH Debit - IRS Usatxpymt 102618 227869966035010 Westchester Neurologic
	10/30	635.47 <	Business to Business ACH Debit - Payroll Tax Oct 30 9406045 Westchester Neurologic

\$79,433.76 Total electronic debits/bank debits

< **Business to Business ACH:** If this is a business account, this transaction has a return time frame of one business day from post date. This time frame does not apply to consumer accounts.

Checks paid

Number	Amount	Date	Number	Amount	Date	Number	Amount	Date
1093	700.00	10/10	1096	1,600.00	10/09	1098	679.70	10/15
1094	6,080.53	10/10	1097	5,000.00	10/12	1099	457.28	10/19
1095	3,000.00	10/09						

\$17,517.51 Total checks paid

\$96,951.27 Total debits

Daily ledger balance summary

Date	Balance	Date	Balance	Date	Balance
09/30	26,654.63	10/10	61,239.16	10/19	49,559.90
10/01	27,347.32	10/11	47,543.86	10/22	49,609.90
10/03	27,092.16	10/12	35,074.14	10/24	53,024.76
10/05	92,187.60	10/15	40,738.65	10/25	31,786.90
10/09	80,397.44	10/16	40,930.13	10/26	24,479.40

Account number: **8075415144** ■ October 1, 2018 - October 31, 2018 ■ Page 4 of 4



Daily ledger balance summary (continued)

<i>Date</i>	<i>Balance</i>	<i>Date</i>	<i>Balance</i>	<i>Date</i>	<i>Balance</i>
10/29	25,243.54	10/30	27,833.58		
Average daily ledger balance		\$45,800.47			

NOTICE: Wells Fargo Bank, N.A. may furnish information about accounts belonging to individuals, including sole proprietorships, to consumer reporting agencies. If this applies to you, you have the right to dispute the accuracy of information that we have reported by writing to us at: Overdraft Collections and Recovery PO Box 5058 Portland, OR. 97208-5058. You must describe the specific information that is inaccurate or in dispute and the basis for any dispute with supporting documentation. In the case of information that relates to an identity theft, you will need to provide us with an identity theft report.